



Choice 401(k) Plan Request for Hardship Withdrawal

Purpose of the Form

- Use this form to request a hardship withdrawal from your eligible Choice 401(k) Plan funds to relieve an immediate and heavy financial need for one or more of the qualifying reasons defined in Section 6.2(c) of the Choice 401(k) Plan articles.

Instructions

- 1 Complete "Participant Information" and "Hardship Withdrawal Information".
- 2 Indicate your tax withholding preference. If left blank, we will withhold 10% for federal income tax.
- 3 Read, sign, and date "Participant Certification and Acknowledgement" and make a copy of the form for your records.
- 4 Attach documentation which substantiates the existence of the qualifying reason(s).
- 5 Return the form to: **ACS HR Solutions, PERSI Administration, P.O. Box 1014, Totowa, NJ 07511-1014**

Participant Information			
Name	First	Middle	Last
	Social Security Number		
Mailing Address	Street or P.O. Box		Daytime Phone Number () -
	City	State	Zip Code

Hardship Withdrawal Information			
Amount to be withdrawn: \$ _____ (May not exceed the amount needed to satisfy the immediate financial need, but may include an amount necessary to pay any federal, state, or local income taxes or penalties reasonably anticipated to result from this hardship withdrawal.)			
Qualifying Reason: <input type="checkbox"/> Medical expenses for me, my spouse, or dependents <input type="checkbox"/> Costs directly related to the purchase by me of a principal residence (excluding mortgage payments) <input type="checkbox"/> Payment of college tuition and related education fees <input type="checkbox"/> Payment necessary to prevent eviction from or foreclosure on my principal residence <input type="checkbox"/> Burial or funeral expenses for my deceased parent, spouse, children or dependents <input type="checkbox"/> Expenses for the repair of damage to my principal residence that would qualify for the casualty loss deduction under Internal Revenue Code Section 165, such as those resulting from hurricane or flood damage			
Acceptable Documentation: (Documents other than the ones listed here may be acceptable or required.) <table border="0"><tr><td><ul style="list-style-type: none">• Medical/doctor bills with description of insurance benefits or a statement from your insurance provider showing the expenses are not covered by insurance• Purchase agreement for your primary residence signed by buyer and seller or contractor's agreement for construction of new home</td><td><ul style="list-style-type: none">• Itemized tuition bill from educational institution• Foreclosure or eviction notice• Bills for burial or funeral expenses and proof of your relationship to the deceased• Home repair bills and proof that home is located in declared disaster area</td></tr></table>		<ul style="list-style-type: none">• Medical/doctor bills with description of insurance benefits or a statement from your insurance provider showing the expenses are not covered by insurance• Purchase agreement for your primary residence signed by buyer and seller or contractor's agreement for construction of new home	<ul style="list-style-type: none">• Itemized tuition bill from educational institution• Foreclosure or eviction notice• Bills for burial or funeral expenses and proof of your relationship to the deceased• Home repair bills and proof that home is located in declared disaster area
<ul style="list-style-type: none">• Medical/doctor bills with description of insurance benefits or a statement from your insurance provider showing the expenses are not covered by insurance• Purchase agreement for your primary residence signed by buyer and seller or contractor's agreement for construction of new home	<ul style="list-style-type: none">• Itemized tuition bill from educational institution• Foreclosure or eviction notice• Bills for burial or funeral expenses and proof of your relationship to the deceased• Home repair bills and proof that home is located in declared disaster area		

Federal Tax Withholding	
10% will be withheld for federal income tax unless you specify a different rate or no withholding.	
<input type="checkbox"/> Do not withhold federal tax.	Withhold federal tax at this rate: _____ %.

Participant Certification and Acknowledgement	
I certify that this request is for a qualifying reason and does not exceed the amount needed for the qualifying expense. I understand that the withdrawal option is available only for my voluntary contribution and prior voluntary contribution (Super Saver Plan) balances, excluding any earnings. I understand that if I am less than age 59½, I must pay a 10% IRS penalty, in addition to regular income taxes, for early withdrawal of the funds. I understand that I may not make voluntary contributions to the Choice 401(k) Plan for a period of six months after I receive a hardship withdrawal.	
Signature	Date